

MINUTES
of the Fourth Meeting of the
Dialysis Technologists' Technical Review Committee

August 15, 2016
1:00 p.m. to 4:00 p.m.
Lower Level Conference Room 'F'
Nebraska State Office Building, Lincoln, NE

Members Present

Travis Teetor, MD, Chair
Corrinne Pedersen
Michael J. O'Hara, JD, PhD
Michael Millea
Allison Dering-Anderson, PharmD, RP
Susan Meyerle, LMHP, PhD

Members Absent

Staff Present

Matt Gelvin
Marla Scheer
Ron Briel

I. Call to Order, Roll Call, Approval of the Agenda and the Minutes

Travis Teetor called the meeting to order at 1:00 p.m. The roll was called; a quorum was present. The agenda and Open Meetings Law were posted and the meeting was advertised online at http://dhhs.ne.gov/Pages/reg_admcr.aspx. The committee members approved the agenda for the current meeting and the minutes of the previous meeting, unanimously.

II. Formulation of Recommendations on the Applicant's Proposal

Committee Actions Taken on the Four Statutory Criteria:

Criterion one: Unregulated practice can clearly harm or danger the health, safety, or welfare of the public.

Action taken: An 'aye' vote is a vote in favor of approval of the proposal. A 'nay' vote is a vote against approval of the proposal.

Voting aye were Pedersen, O'Hara, Millea, and Meyerle. Voting nay was Dering-Anderson. Dr. Teetor abstained from voting.

Comments from committee members:

Pedersen: There's a need for consistent standards as regards in this area of care.

Dering-Anderson: There is no evidence of harm ever occurring from the provision of dialysis technology services.

O'Hara: Some of the procedures utilized by dialysis technologists are dangerous and regulation of some kind is necessary.

Millea: There is need for action of some kind to resolve the problem created by the withdrawal of the Advisory Opinion.

Meyele: There is a need for greater public protection in this area of care. Some training needs to be defined, training that conforms to a consistent standard.

Criterion two: Regulation of the profession does not impose significant new economic hardship, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest.

Action taken: An 'aye' vote is a vote in favor of approval of the proposal. A 'nay' vote is a vote against approval of the proposal.

Voting aye were Pedersen, O'Hara, Millea, Meyerle, and Dering-Anderson. There were no nay votes. Dr. Teetor abstained from voting.

Comments from committee members:

Pedersen: There are unlikely to be significant costs from passing the proposal.

Dering-Anderson: There are unlikely to be significant costs from passing the proposal.

O'Hara: In effect, we are reestablishing regulation for this group, regulation that ended with the end of the Advisory Opinion.

Millea: Medicare and/or Medicaid will pick up any costs stemming from the proposal.

Meyerle: There should be no significant new costs from passing the proposal.

Criterion three: The public needs assurance from the state of initial and continuing professional ability

Action taken: An 'aye' vote is a vote in favor of approval of the proposal. A 'nay' vote is a vote against approval of the proposal.

Voting aye were Pedersen, O'Hara, and Meyerle. Voting nay were Millea and Dering-Anderson. Dr. Teetor abstained from voting.

Comments from committee members:

Pedersen: The average patient does not know which practitioners are qualified to provide services and which are not. This is why the State must provide assurance that those who provide services are qualified to do so.

Dering-Anderson: There is no need for the State to provide such assurance because CMS is already doing this.

O'Hara: There is a need for the State to provide such assurance because Federal oversight agencies are too focused on the monetary aspects of regulation.

Millea: National regulatory agencies are already doing a good job of regulation in this area of care. There's no need for the States to do this.

Meyerle: There is a need for additional assurance that those who provide dialysis services do so safely and effectively.

Criterion four: The public cannot be protected by a more effective alternative.

Action taken: An 'aye' vote is a vote in favor of approval of the proposal. A 'nay' vote is a vote against approval of the proposal.

Voting aye O'Hara and Millea. Voting nay were Pedersen, Dering-Anderson, and Meyerle. Dr. Teetor abstained from voting.

Comments from committee members:

Pedersen: I wanted registration, not licensure. Licensure is not necessary to address the problem at hand.

Dering-Anderson: I wanted registration, not licensure. Licensure is not necessary to address the problem at hand.

O'Hara: I wanted licensure because it's clear that licensure alone can provide assurance of addressing the problems raised by the applicant group.

Millea: Licensure was the only viable option still available that could resolve the problem stemming from the retirement of the Advisory Opinion.

Meyerle: There are better alternatives to the current proposal such as registration, for example.

Action taken on the entire proposal was as follows:

Action taken:

Voting to recommend approval of the applicants' proposal were O'Hara, Millea, and Meyerle. Voting against approval of the applicants' proposal were Pedersen and Dering-Anderson. Dr. Teetor abstained from voting.

By this vote the committee members recommended approval of the applicants' proposal.

Comments from committee members:

Pedersen: Politics often overshadows real health care needs associated with credentialing issues. In this case a political situation has created a push for licensure of dialysis technologists. Licensure would result in the overregulation of dialysis technologists. Registration would be much more appropriate for this group.

Dering-Anderson: The original proposal was superior to the amended proposal we are looking at now. Registration would not incur as much cost for either practitioners or the taxpayers.

O'Hara: There is a need for us to act to ensure good access to dialysis services. We need to remember that if the current proposal does not pass we could be facing a situation wherein dialysis technologists would no longer be allowed to provide the services that they currently provide.

Millea: The action of the Board of Nursing in putting an end to the Advisory Opinion has jeopardized the services of dialysis technologists forcing action on their behalf to safeguard their services. The current licensure proposal, if passed, would provide such a safeguard.

Meyerle: We've got to do something to ensure that dialysis technology services continue, and our options, right now, are limited to the current proposal, up or down.

Comments from committee members:

Dr. Dering-Anderson and Dr. Meyerle both commented on the importance of getting input from the Board of Nursing and other 'major players' in Nebraska health care on the issues of this review including matters pertinent to complex versus non-complex procedures as well as on related issues associated with nursing delegation of functions and procedures, for example.

Dr. Dering-Anderson, Ms. Pedersen, and Dr. O'Hara indicated that they would have supported registration if that version of the proposal would still have been available for them to act upon. Dr. O'Hara commented that registration would likely cost less per person than would licensure.

III. Final thoughts and comments

Matt Bauman asked what the next step would be in the review process. Credentialing review staff responded that the next step in the review process is the review of the Nebraska State Board of Health, and that the first stage of that component of the review process begins on August 29 with the review of that Board's Credentialing Review Committee. This meeting is scheduled for the afternoon of that day beginning at 1:00 pm in room lower level 'F' of the Nebraska State Office Building.

Don Wesely commenting on behalf of the Nebraska Nurses Association stated that it is important that the major 'players' in Nebraska health care get together to discuss the underlying concerns that have generated, not only this review on dialysis techs, but other recent reviews such as those on surgical first assistants and surgical technologists, for example. He went on to say that such discussions need to focus on what can be done to deal with the implications of the Howard Paul case for the aforementioned three professions, for example.

IV. Other Business and Adjournment

The committee members selected Thursday August 18, 2016 at 11:00 a.m. as the date and time for their final meeting to approve their report of recommendations on the applicants' proposal.

The Credentialing Review Committee of the Board of Health is scheduled to take up these issues on August 19, 2016 from 1:00 to 4:00 p.m. in order to make its recommendations to the full Board of Health. The full Board is scheduled to make its recommendations on these issues at its September 19, 2016 bimonthly meeting.

There being no other business, the meeting was adjourned at 2:30 p.m.